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TRANSMITTAL FORM

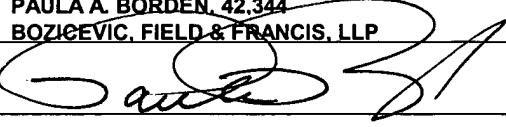
(to be used for all correspondence after initial filing)

		Application Number	10/622,283
		Filing Date	July 18, 2003
		First Named Inventor	STERN, ROBERT
		Group Art Unit	1652
		Examiner Name	GEBREYESUS, KAGNEW H.
Total Number of Pages in This Submission		Attorney Docket Number	UCSF-088CON2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1) Return Postcard
<input style="width: 100px; height: 10px; border: 1px solid black; margin-bottom: 5px;" type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD & FRANCIS, LLP	
Signature		
Date	February 28, 2005	

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL		Application Number	10/622,283
For FY 2005		Filing Date	July 18, 2003
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	STERN, ROBERT
TOTAL AMOUNT OF PAYMENT (\$) 985.00		Examiner Name	GEBREYESUS, KAGNEW H.
		Art Unit	1652
		Attorney Docket No.	UCSF-088CON2

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	50-0815
Deposit Account Name: <u>Bozicevic, Field and Francis LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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under 37 CFR 1.16 and 1.17			

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FEE CALCULATION																																																														
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																														
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="3">EXAMINATION FEES</th> </tr> <tr> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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2. EXCESS CLAIM FEES																																																														
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3. APPLICATION SIZE FEE																																																														
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																														
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4. OTHER FEE(S)																																																														
Non-English Specification, \$130 fee (no small entity discount) _____																																																														
Other: <u>Three-month extension of time</u> <u>51.00</u>																																																														

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 42,344
Name (Print/Type)	Telephone (650) 327-3400		
Paula A. Borden		Date 02/28/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT UNDER 37 C.F.R. §1.111	Attorney Docket Confirmation No.	UCSF-088 CON2 4596
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	R. Stern
	Application Number	10/622,283
	Filing Date	July 18, 2003
	Group Art Unit	1652
	Examiner Name	K.H. Gebreyesus
	Title	<i>Human plasma hyaluronidase</i>

Sir:

This amendment is responsive to the Office Action dated August 27, 2004, for which a three-month period for response was given, making this response due on or before November 27, 2004. *A Petition for a three-Month Extension of Time is submitted herewith, making this amendment due on or before February 27, 2005.* February 27, 2005 fell on a Sunday. This response is being filed on the first business day following February 27, 2005. Accordingly, this response is timely filed.

In view of the remarks put forth below, reconsideration and allowance are respectfully requested.